

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

07/95-40

FILING DATE

12/01/92

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		3		1			54						
5		3		1			55						
6		0		2			56						
7		3		1			57						
8		0		1			58						
9		0		1			59						
10		0		1			60						
11	1						61						
12	1						62						
13	1						63						
14	1						64						
15	1						65						
16	1						66						
17		2					67						
18	1						68						
19		1					69						
20	1						70						
21	1						71						
22		1					72						
23		1		1			73						
24		1					74						
25	1						75						
26	1						76						
27		1					77						
28	1						78						
29	1						79						
30	1						80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	15		12				TOTAL IND.						
TOTAL DEP.	22		16				TOTAL DEP.						
TOTAL CLAIMS	37		28				TOTAL CLAIMS						